

## ISSUE SLIP STAPLE AREA (for additional cross references)

BC  
12-1-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C		10/22
O.I.P.E. CLASSIFIER	DM	32	10/26
FORMALITY REVIEW	MM	780	
RESPONSE FORMALITY REVIEW			1-20-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date				
Final	Original	1	2	3	4
1	1	✓	✓	✓	✓
2	2	✓	✓	✓	✓
3	3	✓	✓	✓	✓
4	4	✓	✓	✓	✓
5	5	✓	✓	✓	✓
6	6	✓	✓	✓	✓
7	7	✓	✓	✓	✓
8	8	✓	✓	✓	✓
9	9	✓	✓	✓	✓
10	10	✓	✓	✓	✓
11	11	✓	✓	✓	✓
12	12	✓	✓	✓	✓
13					
14	14	✓	✓	✓	✓
15	15	✓	✓	✓	✓
16	16	✓	✓	✓	✓
17	17	✓	✓	✓	✓
18	18	✓	✓	✓	✓
19	19	✓	✓	✓	✓
20	20	✓	✓	✓	✓
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Claim	Date				
Final	Original	51	52	53	54
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Claim	Date				
Final	Original	101	102	103	104
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If more than 150 claims or 10 actions  
staple additional sheet here

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